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Bib Data Sheet

CONFIRMATION NO. 9573

<b>SERIAL NUMBER</b> 09/941,681	<b>FILING OR 371(c) DATE</b> 08/30/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2169	<b>ATTORNEY DOCKET NO.</b> 58511-019
<b>APPLICANTS</b> Christian Mayaud, Bronxville, NY;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/121,596 07/24/1998 which is a CON of 08/942,372 10/02/1997 PAT 5,845,255 which is a CON of 08/330,745 10/28/1994 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/20/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 22
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 53437				
<b>TITLE</b> COMPUTERIZED PRESCRIPTION SYSTEM FOR GATHERING AND PRESENTING INFORMATION RELATING TO PHARMACEUTICALS				
<b>FILING FEE RECEIVED</b> 3746	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	